

MAR. 11. 2005 2:01PM

DYNEON LEGAL 1 B - FEE(S) TRANSMITTAL

NO. 1324 P. 2

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

32692

7590

12/29/2004

3M INNOVATIVE PROPERTIES COMPANY

PO BOX 33427

ST. PAUL, MN 55133-3427

03/11/2005 MGBREM2 00000041 133723 10627430

01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA
03 FC:8001 9.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Carol Decaire

(Depositor's name)

Carol Decaire

(Signature)

March 11, 2005

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/627,430 | 07/25/2003 | Harald Kaspar | 57982US004 | 2341 |

TITLE OF INVENTION: FLUOROELASTOMER COPOLYMER BASED ON TETRAFLUOROETHYLENE, CHLOROTRIFLUOROETHYLENE, HEXAFLUOROPROPYLENE AND VINYLIDENE FLUORIDE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$1700 | 03/29/2005 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|-------------|----------|----------------|
| HU, HENRY S | 1713 | 526-249000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Brian E. Szymanski

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

3M INNOVATIVE PROPERTIES COMPANY

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

St. Paul, Minnesota 55133-3427

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 3

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-3723 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

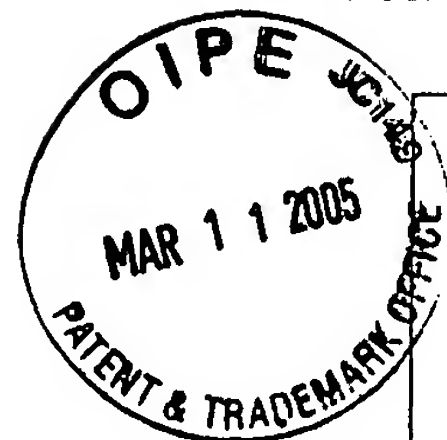
Date March 11, 2005

Typed or printed name Brian E. Szymanski

Registration No. 39,523

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



| | | |
|---|--|----------------|
| FACSIMILE TRANSMITTAL FORM | Application Number | 10/627430 |
| | Filing Date | July 25, 2003 |
| | First Named Inventor | Kaspar, Harald |
| | Art Unit | 1713 |
| | Examiner Name | Hu, Henry S. |
| Fax: 703-746-4000 | Attorney Docket Number | 57982US004 |
| Total Number of Pages in This Submission: 3 | | |
| Date: March <u>11</u> , 2005 | Attorney for Applicant: Brian E. Szymanski | |

| ENCLOSURES (check all that apply) | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> <u>Issue Fee Transmittal</u> <input type="checkbox"/> Amendment Transmittal | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) | <input type="checkbox"/> Petition to Convert a Provisional Application | <input type="checkbox"/> Appeal Communication to Technology Center (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosures: <u>Copy of Issue Fee Transmittal for Deposit Account</u> |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR § 1.52 or 1.53 | <input type="checkbox"/> Request for Refund <input type="checkbox"/> Request for Continued Examination (RCE) Transmittal | |
| <input type="checkbox"/> Drawings | <input type="checkbox"/> After Allowance Communication to Technology Center | |
| REMARKS: | | |

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION
MAY CONTAIN CONFIDENTIAL OR LEGALLY PRIVILEGED INFORMATION
INTENDED ONLY FOR THE PERSON OR ENTITY NAMED BELOW.

If you are not the intended recipient, please do not read, use, disclose, distribute or copy this transmission.
If this transmission was received in error, please immediately notify me by telephone directly at (651) 737-9138 or 651-733-1500, and we will arrange for its return at no cost to you.